

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: Physicians, Nurse Practitioners, Genetics Clinics, Hospitals and LHINs

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Re: Expansion of the Ontario Breast Screening Program (OBSP)
to Include Women Aged 30 to 69 at High Risk for Breast Cancer

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1. Program Expansion and Eligibility

Effective July 1, 2011, women aged 30-69 with a family or medical history that puts them at high risk for breast cancer, can receive specialized screening services as part of the Ontario Breast Screening Program (OBSP). Key program services include:

- o annual breast magnetic resonance imaging (MRI) and mammography screening,
- o genetic assessment and testing when appropriate,
- o recall and reminder letters, and
- o coordinated follow-up for women with abnormal results.

Women aged 30-69 will be considered to be at high risk for breast cancer and eligible for the program if they have any of the following risk factors:

- o have a genetic mutation that increases their risk for breast cancer (e.g. Breast Cancer susceptibility gene 1 or 2, also known as BRCA 1 or 2) confirmed through genetic testing;
- o have a parent, sibling or child who has been confirmed to have a genetic mutation (e.g. BRCA 1 or 2), that increases their risk for breast cancer but have not been tested themselves;
- o have a family history that is suggestive of hereditary breast cancer syndrome and $\geq 25\%$ lifetime risk for breast cancer confirmed through a genetic assessment; and/or
- o received radiation therapy to the chest before 30 years of age as treatment for another cancer or condition (i.e. Hodgkin's disease), and at least 8 years previously.

A woman who has been confirmed to have any one of the above risk factors will be booked for breast MRI and mammography screening through the OBSP. Women who are not part of the OBSP high risk program will not be eligible for regular breast MRI screening.

A woman who does not have confirmation of any of the above risk factors, but has a personal or family history suggestive of hereditary breast cancer will be required to have a genetic assessment and, if appropriate, genetic testing to confirm that she is at high risk.

Upon confirmation of her high risk status, the woman will be eligible for annual breast MRI and mammography screening. She will also have the option to speak to an oncologist about additional risk reduction options.

2. Confirming the Patient's Risk

Physicians are required to complete the OBSP Requisition for High Risk Screening to refer a woman to the OBSP. This requisition can be downloaded at www.cancercare.on.ca/obsresources/ and will also be mailed out in print form by Cancer Care Ontario (CCO) in early July 2011. The requisition and accompanying education tools will make it easy to identify which patients are already eligible for screening, as they meet one of the four criteria or are at increased risk for breast cancer and require genetic assessment.

When a woman is referred for genetic assessment, the genetics clinic will conduct a formal assessment of familial breast cancer risk, offer genetic testing if appropriate, and return the completed Requisition for High Risk Screening and the Genetics Result Form to the OBSP. The Genetics Results Form, which can be downloaded at www.cancercare.on.ca/obsresources/, will be mailed to genetics clinics in early July 2011. If a woman is found to be at high risk for breast cancer, she will be booked for breast MRI and mammography screening. The patient's physician will only be informed of the results of her genetic assessment and/or testing if the patient authorizes the sharing of that information.

Approximately one per cent of Ontario women are at high risk for breast cancer and eligible to participate in the program. Not all women referred to the OBSP will be confirmed as being at high risk and therefore will not be eligible for annual breast MRI and mammography screening. Women who are determined not to be at high risk will be referred back to their primary care provider to discuss risk appropriate screening.

3. Role of Ontario Breast Screening Program

The OBSP has identified OBSP Navigators in each Local Health Integration Network (LHIN) that will work with women to coordinate their access to high risk screening services.

A woman's physician will complete an OBSP Requisition for High Risk Screening and forward it to an OBSP Navigator in their region. Depending on the information provided, the OBSP Navigator will schedule breast MRI and mammography screening if high risk has been confirmed, or if further assessment is required, coordinate an appointment at a genetics clinic. Once the genetic assessment has been completed, the woman will be referred back to the OBSP Navigator who will book breast MRI and mammography screening if she has been found to be at high risk.

Once in the program, a woman who is at high risk will be recalled annually for breast MRI and mammography screening, and her primary care provider will be kept informed of all screening results. In the case of abnormal screening results, the OBSP will ensure that the woman is provided with appropriate follow-up services.

4. Information Tools / Requisition Forms

Physician and nurse practitioner offices will be supplied with updated general education materials for their patients. The following tools will be mailed to physician (general practitioners, oncologist and geneticists) and nurse practitioner offices **in early July**:

- o requisition for high risk screening,
- o summary of evidence,
- o provider information brochure, and
- o frequently asked questions.

Genetics clinics will also be supplied with updated general education materials for their patients. The following tools will be mailed to offices **in early July**:

- o genetics assessment and test results form,
- o requisition for high risk screening,
- o summary of evidence,
- o provider information brochure, and
- o frequently asked questions.

5. Background:

The province is expanding the Ontario Breast Screening Program (OBSP) to include specialized screening for women at high risk for breast cancer aged 30-69. This expansion is part of a 2011 budget commitment to provide an additional \$15 million over three years for 90,000 more screens.

The OBSP is a breast cancer screening program targeted to women at average risk for breast cancer aged 50 years and older, and is administered by Cancer Care Ontario (CCO). In addition to screening services, the program includes automated reminders, coordinated follow-up for women who have abnormal screening results, ongoing quality assurance, performance monitoring and evaluation of patient, and program outcomes.

This program expansion is based on clinical evidence and reviews, and on recommendations from Cancer Care Ontario. Guidelines developed in 2007 by CCO's Program in Evidence-Based Care (PEBC) recommended combined annual mammography and MRI screening for women at high risk for breast cancer due to heredity or genetic mutations from age 30-69. In 2010, the Ontario Health Technology Advisory Committee also issued guidelines for screening women at high risk for breast cancer with breast MRI and mammography, and recommended that they be included as part of an organized screening program that provides coordination and follow-up.

The program will begin to roll out at the following OBSP High Risk Screening Centres on July 1, 2011:

- o Chatham-Kent Health Alliance
- o Windsor Regional Hospital, Metropolitan site
- o Hôtel-Dieu Grace Hospital, St. Joseph's Site (Windsor)
- o St. Joseph's Health Care (London)
- o Grey Bruce Health Services (Owen Sound)
- o Grand River Hospital (Kitchener)
- o Hamilton Health Sciences Corporation, Juravinski Hospital
- o Credit Valley Hospital (Mississauga)
- o St. Michael's Hospital
- o Sunnybrook Health Sciences Centre
- o Princess Margaret Hospital
- o Women's College Hospital
- o Markham Stouffville Hospital
- o Lakeridge Health Corporation, Oshawa Site
- o Peterborough Regional Health Centre
- o Kingston General Hospital
- o The Ottawa Hospital, Civic Campus
- o Timmins and District General Hospital
- o Thunder Bay Regional Health Sciences Centre

Cancer Care Ontario will be working with 24 genetic centres across the province to facilitate genetic assessment and counselling services as a part of this program.

Questions? Contact the Ontario Breast Screening Program at 1-800-668-9304, or e-mail: breastscreen@cancercare.on.ca

6. Questions and Answers

Q1. What is the role of health care providers in screening women at high risk for breast cancer?

- A1.** Any health care provider (e.g. primary care provider, general practitioner GP oncologist) can serve as the first point of contact for women who may be eligible for high risk breast screening through the Ontario Breast Screening Program (OBSP). Physicians are responsible for completing the OBSP Requisition for High Risk Screening and for submitting this form to the OBSP. This requisition will serve as a referral for women who require genetic assessment to determine their eligibility for the program.

If a woman is not found to be at high risk for breast cancer, it is the responsibility of the health care provider to review the woman's results with her and discuss risk appropriate screening.

Q2. Can a Nurse Practitioner authorize the OBSP Requisition for High Risk Screening?

- A2.** While Nurse Practitioners can complete the requisition, they cannot approve it as per current regulations. A physician needs to sign off on the requisition as it is an implied requisition for an MRI.

Q3. What is the role of genetics clinics in screening women at high risk for breast cancer?

- A3.** Genetics clinics provide genetic assessment services to women to determine their eligibility for high risk breast screening. The clinics will receive a copy of the OBSP Requisition for High Risk Screening when the initial appointment is booked (if the appointment is coordinated by the OBSP Navigator). The clinic is responsible for returning this requisition along with the Genetics Report Form to the OBSP when the genetic assessment is complete.

For all breast and ovarian assessment referrals that come directly from physicians, the genetics clinic is responsible for completing both the OBSP Requisition for High Risk Screening and the Genetics Report Form and sending these documents back to the OBSP. Genetics clinics are responsible for communicating genetics results to women and for sending these results to referring physician, following current practice.

Q4. What risk assessment tools are being used to assess a woman's risk of breast cancer?

- A4.** Assessment of a woman's personal risk of developing breast cancer to determine her eligibility for high risk screening through the OBSP must be determined using the genetic assessment tools (IBIS or BOADICEA). IBIS and BOADICEA are breast cancer risk assessment tools that are used to assess the probability of carrying the BRCA gene mutation and the probability of developing breast cancer. Several models exist to assess the risk of developing breast cancer. However, the IBIS and BOADICEA breast risk assessment tools have been chosen as the standard assessment tools for eligibility for high risk screening through the OBSP. Genetics clinics must use these tools to assess all patients who may be at high risk for breast cancer.

Q5. Why are women at high risk for breast cancer recommended to receive annual screening with MRI in addition to mammography?

- A5.** Annual breast MRI and mammography are the recommended standard of care for women at high risk as they complement each other. For women at high risk, screening with mammography alone has limitations. For example, mammography does not perform well in women with high radiologic breast density. Younger women have greater breast density than older women. Mammography is less sensitive for women with deleterious genetic mutations (e.g. BRCA1, BRCA2) due to the faster growth of cancer in these populations. MRI technology addresses some of the screening limitations of mammography for women at high risk. When used in combination, mammography and MRI find more cancers in women at high risk for breast cancer than using mammography or MRI alone.

For women 50 years of age and older at average risk for breast cancer, screening mammography every 2 years is the most effective tool for the early detection of breast cancer.

Q6. What is the value of genetic assessment and what is the process my patient will go through to determine her eligibility for high risk screening?

A6. When a woman visits the genetics clinic, she meets with a genetic counsellor to review her family and medical history and discuss any implications to her health. If she is eligible for genetic testing, she will be offered it. If she accepts, a sample of her blood will be drawn and sent to a lab for processing. When the lab results come back, the woman will return to the genetics clinic to discuss her results and her risk mitigation options, if appropriate.

Q7. What if my patient does not want to go through a genetic assessment?

A7. Staff at genetics clinics are specially trained to assess and counsel women who may be at high risk for breast cancer. They are aware of the sensitive nature of this consultation and will support women through the assessment process. Genetic assessment for those with a family history suggestive of hereditary breast cancer is required for some women to determine program eligibility; genetic testing may be recommended for some women, but it will not be a requirement.

Q8. How will I be kept informed of patient results?

A8. Genetics clinics are responsible for communicating genetics results to women and for sending these results to the referring physician, following current practice. Please note that wait times for genetic assessment vary across the province; it may take up to several months for a woman to complete the full assessment and receive her results. The results of genetic assessments/tests may only be communicated to a family physician/nurse practitioner with the patient's consent.

The OBSP is responsible for communicating all imaging results to women and for sending these results to the referring physician.

Q9. How do we identify women who may be at high risk for breast cancer and are currently being screened by mammography?

A9. Women ages 50-74 who are currently being screened through the OBSP may self-identify as being potentially at high risk for breast cancer. These women should see their health care provider to conduct an initial risk assessment and determine their eligibility for high risk screening. If the woman already has a mammogram booked with the OBSP, she should proceed with screening while her assessment is being completed.

Q10. Will a woman need to schedule a separate visit with a doctor or nurse practitioner to discuss her risk for breast cancer?

A10. A separate visit can be booked or a woman can incorporate questions about breast screening into her next regular annual health exam.

Q11. If a woman currently has no doctor or nurse practitioner, how can she be assessed for breast cancer risk and be added to the OBSP program? Will there be a way for patients to assess their risk themselves?

A11. Women need to be seen by a physician or nurse practitioner to discuss their risk profile and to be referred to the OBSP for further services (including, where appropriate, confirmation of high-risk status). Women may see a doctor or nurse practitioner at a walk-in clinic for a referral to the program. Women without a

regular primary care provider are encouraged to contact Health Care Connect to find a family physician at www.ontario.ca/healthcareconnect.

Q12. Will doctors still be able to refer women for mammography and breast MRI without identifying women as being at high risk for breast cancer?

A12. It is recommended that all women 50 years of age and older who are at average risk for breast cancer receive mammography screening every two years. Providers will be able to refer women for mammography without them being identified as high risk for breast cancer or without them participating in the OBSP. Breast MRI referrals outside of the OBSP will only be available for diagnostic or surveillance purposes.

Q13. Will women who have already had breast cancer be able to be part of the OBSP?

A13. Women with a personal history of breast cancer who are between the ages of 30 and 69 and who have also been identified as being at high risk are eligible for high risk screening through the OBSP expansion.

Q14. What is the potential impact of this expansion on wait times for MRI and genetic assessment and testing?

A14. Wait times for genetic assessment and testing vary across the province. Strategies are being developed to assist health care providers in identifying which women need to go on for genetic assessment and testing in order to avoid unnecessary waits and impacts on services.

Wait times for breast screening MRIs also vary significantly across the province. Strategies are being developed to build MRI capacity, and participating hospitals will be working to minimize wait times for breast screening MRI.

Q15. Why is the program being launched in a limited number of sites?

A15. Breast MRI and mammography screening for women at high risk will only be offered in a limited number of sites on July 1, 2011 in order to establish and maintain high quality standards for screening services and care. A minimum set of criteria for these services need to be met in order for sites to meet quality assurance and accreditation standards.

As the program matures, other centres will be added to address population needs provided that they meet and maintain the quality standards for breast MRI and mammography.

Q16. How can women who are at average risk aged 50 and over arrange for screening through OBSP?

A16. The OBSP makes screening easily accessible. Women over 50 with or without a family physician or nurse practitioner, can be screened through the OBSP and no referral is needed.

- o Women can find the OBSP site nearest to them by using the easy search tool at www.ontario.ca/healthcareoptions. OBSP locations that provide screening for women who are at average risk are listed, in addition to breast screening centres that are not part of the OBSP.
- o Women can book their own appointments or be referred by a family doctor or nurse practitioner.
- o Women who have already been screened at an OBSP site are reminded by letter when they are due for their next screening appointment.